

OFFICE BUILDING / RETAIL STORES

BUSINESS OR BUILDING NAME: _____

COUNTY ____ BOOK ____ MAP ____ PARCEL ____ (IF THIS IS AN ECONOMIC UNIT, LIST THE LEAD PARCEL)

GROSS SQUARE FEET = _____ NET LEASEABLE SQUARE FEET = _____

TYPE OF LEASE: NET _____ GROSS _____ OTHER (DESCRIBE) _____

IS PROPERTY OWNER OCCUPIED? NO ☐ YES ☐ PARTIAL ☐ OWNER'S SQUARE FEET _____

COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.

POTENTIAL CHARGES TO TENANTS

TENANT PAYS

DESCRIBE

COMMON AREA MAINTENANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
TAXES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
INSURANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
MANAGEMENT	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
UTILITIES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____

INCOME DATA SUMMARY: Provide latest three year history.

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY) =	\$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS (ACTUAL)	- _____	- _____	- _____
ADJUSTED GROSS INCOME	= _____	_____	_____
CHARGES TO TENANTS	+ _____	+ _____	+ _____
OVERAGE RENTS	+ _____	+ _____	+ _____
OTHER INCOME (SERVICE, MISC., ETC.)	+ _____	+ _____	+ _____
EFFECTIVE GROSS INCOME	= _____	_____	_____
TOTAL OF ALL EXPENSES	- _____	- _____	- _____
NET OPERATING INCOME	\$ _____	\$ _____	\$ _____

ADDITIONAL INFORMATION / REMARKS

NOTE: You may submit any additional documents to support the income and expense information.

OFFICE BUILDING / RETAIL STORES
PROVIDE THREE YEAR HISTORY

NOTE: FOR PROPER ANALYSIS, ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

DISALLOWED EXPENSES: DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX (effective tax rate will be added to the capitalization rate).

	Last Year Year: _____	Two Years Ago Year: _____	Three Years Ago Year: _____
<u>ACTUAL EXPENSES</u>			
ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
ADVERTISING / PROMOTION	_____	_____	_____
GAS / ELECTRIC	_____	_____	_____
WATER / SEWER	_____	_____	_____
TELEPHONE	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
PARKING LOT AND COMMON AREA	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
JANITORIAL	_____	_____	_____
SUPPLIES	_____	_____	_____
OTHER EXPENSES (DESCRIBE):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>MAJOR REPLACEMENTS / REPAIRS</u> (From Pg. 3)	_____	_____	_____
TOTAL OF ALL EXPENSES=	\$ _____	\$ _____	\$ _____

NOTE: Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

		LAST YEAR			
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	= ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	= \$ _____
ROOFING	_____	\$ _____	÷	_____	= \$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	= \$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	= \$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	= \$ _____
OTHERS					
(DESCRIBE: _____)	_____	\$ _____	÷	_____	= \$ _____
_____				TOTAL FOR LAST YEAR	= \$ _____

		TWO YEARS AGO			
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	= ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	= \$ _____
ROOFING	_____	\$ _____	÷	_____	= \$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	= \$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	= \$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	= \$ _____
OTHERS					
(DESCRIBE: _____)	_____	\$ _____	÷	_____	= \$ _____
_____				TOTAL FOR TWO YEARS AGO	= \$ _____

		THREE YEARS AGO			
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	= ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	= \$ _____
ROOFING	_____	\$ _____	÷	_____	= \$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	= \$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	= \$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	= \$ _____
OTHERS					
(DESCRIBE: _____)	_____	\$ _____	÷	_____	= \$ _____
_____				TOTAL FOR THREE YEARS AGO	= \$ _____

NOTE: Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

OFFICE BUILDING / RETAIL STORES TENANT LIST

[illegible]

NOTE: Use additional forms, if necessary.